

DRAFT

MARYLAND ASTHMA CONTROL PROGRAM TEN-YEAR ASTHMA PLAN

VISION

The Maryland Asthma Control Program (MACP) envisions a future in Maryland in which individuals and the population as a whole are free of the impact of asthma.

MISSION

The Maryland Asthma Control Program seeks to prevent asthma and to maximize the health and well being of children, adolescents, and adults living with asthma.

GOAL I: DECREASE THE PREVALENCE OF ASTHMA AND THE OCCURRENCE OF ITS COMPLICATIONS IN MARYLAND.

Objective A: Maintain and expand asthma surveillance system to identify areas and populations with increased burden of asthma and to evaluate interventions.

Strategies

- 1) Ensure adequate personnel, expertise and other resources to provide infrastructure for asthma surveillance programs.
- 2) Add available measures to surveillance program such as a Medicaid database, prevalence for those under 18 years of age, indicators of severity, cost estimates and quality of care parameters.

Action Step

- Acquire and organize data by gender, race, ethnicity, age groups and jurisdictions to identify populations at highest risk.
- 3) Collaborate with local jurisdictions and agencies (i.e. Maryland Department of the Environment) as well as neighboring states, regional and national efforts to acquire an integrated database to maximize the utility of surveillance in Maryland.

Action Step

- Inform and involve the community to effect policy changes and design of interventions.

Objective B: Improve self-management knowledge and behavior in people with asthma and their caregivers.

Strategies

- 1) Assess needs of patients and caregivers; gather the available information and supplement where needed; develop a compendium of resources; and disseminate to patients and providers.
- 2) Determine and minimize barriers to effective asthma education.
- 3) Support activities that increase knowledge and encourage use of self-assessment as a way to promote self-management, such as asthma camps for youth and support groups for adults where self-assessment skills may be taught.
- 4) Support Asthma Educator Certification and its contribution to patient care improvement, role in health care delivery, reimbursement issues, and ability to ensure educators meet national standards for asthma education.

Objective C: Improve access to quality, comprehensive care for people in Maryland.

Strategies

- 1) Support initiatives to improve community access to primary and specialized asthma care particularly for high-risk patients such as children, elderly, minorities and others.
- 2) Improve the availability of and access to asthma care interventions such as spacers, peak flow meters, nebulizers, medications, and other environmental modifiers.
- 3) Support efforts to develop a reimbursement process for asthma education programs that would include support for demonstration projects to show the economic value of these services, and avoid hospitalizations and shifted care.

Objective D: Increase providers' use of National Institute of Health (NIH) Asthma Guidelines.

Strategies

- 1) Increase knowledge of Guidelines by primary care providers, office staff, specialists, and pharmacists.

Action Steps

- Identify what has already been done to educate providers.
 - Identify specific areas of focus in Guidelines.
 - Target high areas of prevalence and high-risk populations.
 - Implement program using behavior change model.
 - Develop electronic resources to continually update providers on changing practice.
- 2) Determine barriers to use of the NIH Guidelines by providers.
- Action Step**
- Conduct provider surveys/focus groups, analyze findings, and provide results to providers.
- 3) Minimize identified barriers to provider use of Guidelines.

Action Steps

- ◆ Increase number of staff/health care workers to focus on patients with asthma (if time is a barrier).
- ◆ Inform providers of identified barriers and establish specific objectives for improvement and a timeline for achievement.
- ◆ Improve incentives for doing patient education, e.g., get third party reimbursement for patient education activities; recognize and reward staff who do patient education as prescribed.
- ◆ *Identify cultural issues such as language and health beliefs that may interfere with patient education and provide methods for addressing those issues.*
- ◆ Disseminate patient asthma education tools/materials for use by providers.

Objective E: Decrease exposure to environmental asthma triggers.

Strategies

- 1) Encourage the development and eventual implementation of guidelines and standards for indoor air quality.

Action Steps

- Identify currently existing guidelines from governmental and professional organizations.

- Encourage the basic and applied research needed to develop a comprehensive set of guidelines and standards applicable to indoor air quality, construction practices, and building maintenance practices.
- 2) Collaborate with groups applying a healthy-homes, healthy-community approach to environmental health.

Action Step

- Encourage collaboration among the wide-range of groups interested in the comprehensive healthy-homes concept: environmental health scientists, builders and architects, community planners, neighborhood groups, and governments.
- 3) Support efforts to identify and manage occupational exposures that cause or trigger asthma events.

Action Step

- Encourage strengthening of governmental and educational activities that will identify and help eliminate occupational exposures that contribute to asthma.
- 4) Support efforts to reduce smoking and exposure to environmental tobacco smoke.

Comment: A decrease in exposure to environmental tobacco smoke is extremely important. Participants noted that it is crucial that asthma sufferers, their families and the community understand that tobacco smoke is detrimental to the health of those living with asthma. This is an issue to work on in collaboration with anti-tobacco groups; it was noted that great efforts by other groups are currently underway to reduce smoking nationwide.

Objective F. Maximize management of asthma in the school setting to enhance health and learning of students with asthma, within the context of coordinated school health programs as recommended by the Centers for Disease Control and Prevention.

Strategies

- 1) Provide asthma education and awareness programs for students and school staff.

Action Steps

- Go before local school health councils and make asthma education a priority in school improvement plans for next three years; evaluate effectiveness
 - Provide presentations for principals and PTA's by community resource groups (ALA; AAFA, etc.)
 - Educate at all schools: teachers and staff, students – maybe after school, parents – Asthma Night
- 2) Coordinate school, family, health care provider and community efforts to better manage asthma symptoms and reduce school absences among students with asthma.

Action Steps

- Focus on geographic areas with high prevalence of asthma.
- Identify existing resources in those areas, including local asthma coalitions and groups focusing on chronic health conditions.

- Present data on asthma prevalence and the consequences (social cost, school attendance and performance, health care costs) to policy makers at state and local levels.
 - Present plan of action to school, family and community groups as well as legislators.
- 3) Provide appropriate school health and mental health services for students with asthma.

Action Steps

- Written asthma action plan developed by health care provider, parent and child. Confirm with signature of all three. Make asthma action plan available to school including before and after school programs.
 - Teach about asthma management to child care providers, health care providers, school staff, including transportation and cafeteria, child, parent and other family members (school nurses could facilitate).
 - Increase funding to AAFA, ALA, asthma clinics.
 - Coordinate with or assign case managers; refer for care plan.
 - Increase mental health resources – coordinate with school mental health.
 - Promote Asthma Educator Certification Trainers at hospitals and CPR classes.
 - Increase funding for school nurses and health aides, school consulting physicians or nurse practitioners.
 - Seek reimbursement from MA/private insurance for asthma education from certified educator.
- 4) Ensure cultural competency and public awareness by improving access to asthma health care for all.

Action Steps

- Continue a school issues work group of the state Asthma Control Program, including different cultural and geographic groups. Make the Program more public.
- Require a written asthma action plan in school for students with asthma (DHMH/ MSDE regulation).
- Provide Public Service Announcements, flyers, and sample action plans in multiple languages.
- Advocate for asthma education reimbursement via Medicaid and private insurance coverage.
- Advertise to doctors, nurses, and respiratory therapists.
- Promote asthma education certification to hospital, school nurses, respiratory therapists, urgent care professionals.

- Develop guidelines for local health departments to create local coordinated service systems for children with asthma, focus on high-risk (asthma) populations.
 - ✓ Guidance for child care settings, camps
 - ✓ Case management coordination
- Integrate asthma management into School Improvement Plans by collecting data on the prevalence of the problem and presenting to the School Improvement Team.

GOAL II: DECREASE DISPARITY IN HEALTH OUTCOMES RELATED TO ASTHMA IN ALL PARTS OF THE STATE.

Objective: Ensure that all persons with asthma receive the appropriate level of care and services that are culturally competent and centered in their community

Strategies

- 1) Identify groups and geographic areas more affected by asthma.
- 2) Ensure meaningful, community involvement in asthma control and management strategies.
- 3) Implement culturally competent asthma control, education and management programs.
- 4) Ensure linguistically appropriate asthma education and management.
- 5) Target activities to decrease exposures that induce asthma symptoms to populations at greatest risk.
- 6) Target programs for asthma management to populations at greatest risk.
- 7) Consider special interventions for individuals with unique risks such as the elderly and adolescents.
- 8) Collaborate with groups addressing environmental justice issues.

The MACP Task Force will incorporate comments from the Town and Regional meetings into the draft Ten-Year Asthma Plan. Once the draft plan is finalized, it will be submitted to the Secretary of the Maryland Department of Health and Mental Hygiene for approval. A Maryland Asthma Coalition will be formed to implement the plan. The Centers for Disease Control and Prevention and other funding will be sought to support implementation.